

CLAIMS ONLY	Application Number <div style="font-size: 1.2em; font-family: cursive;">10/062949</div>	Filing Date
Applicant(s) 		

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1						51					
2	1						52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10	1						60					
11	1						61					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	5						Total Indep					
Total Depend	14						Total Depend					
Total Claims	19						Total Claims					